



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT

Community Mobilization Application for Funding 2005 – 2007 Biennium

March 2005



Juli Wilkerson
Director

COMMUNITY MOBILIZATION
APPLICATION FOR FUNDING

2005 – 2007 Biennium

March 2005

Washington State Department of
Community, Trade and Economic Development
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I. INTRODUCTION

The Washington State Department of Community, Trade and Economic Development (CTED) requests applications for implementing countywide Community Mobilization (CM) programs. This application includes the materials needed to apply for funding. A response to this request **must be postmarked, or received by CTED, no later than 5:00 p.m. on May 1, 2005.** Please submit an original copy of the application. Or, you may submit your application electronically to your CM Program Coordinator, provided that you submit an original, signed copy of the required signature pages.

A. Program Overview

Community Mobilization (CM) is authorized by the Washington State Legislature to address substance abuse concerns and issues through collaborative and coordinated efforts of the entire community. Current research indicates that alcohol, tobacco and other drug abuse is among the most serious of public health problems facing the state and the nation today. According to the *Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State 2004 Report*, the total economic cost of drug, tobacco, and alcohol abuse in Washington in 1996 was estimated at \$2.54 billion, an increase of 39 percent since 1990. On a per capita basis, this cost represents approximately \$531 for every non-institutionalized Washington resident.¹

Effective Alcohol, Tobacco, and Other Drug (ATOD) and violence prevention programs require a comprehensive strategy. Such a strategy needs to balance law enforcement efforts with prevention, education, and treatment; involve the entire community; recognize the interrelation of problems such as ATOD abuse and violence; and support research-based programs that address the actual needs of youth and adults.

Community Mobilization's main prevention goal is to reduce the incidence of ATOD abuse and violence for youth and families. To do this, the CM Program has adopted the updated "Principles of Effectiveness"—five steps required under Title IV of the *No Child Left Behind* Act, the Safe and Drug-Free Schools and Communities Program. These principles will help ensure success in implementing a prevention program. The five Principles of Effectiveness are as follows:

1. Base programs on a thorough assessment of objective data about the incidence of violence and illegal drug use in the schools and communities served.
2. Base programs on a set of performance measures aimed at ensuring a safe, orderly, and drug-free learning environment.
3. Base programs on scientifically based research that provides evidence that the programs used will reduce violence and illegal drug use.
4. Base programs on an analysis of the data reasonably available at the time; of the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, and assets; or other variables identified through scientifically based research.

¹"Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State, 2004 Report," The Division of Alcohol and Substance Abuse, Department of Social and Health Services, December 2004, pp. 9.

5. Include meaningful and ongoing consultation with, and input from, parents in the development of the application and administration of the program (see Appendix F, Principles of Effectiveness, for a more detailed description).

All CM contractors are required to conduct a local needs assessment and identify their highest priority risk and/or protective factors. For the 2005-2007 CM Application, contractors are asked to provide an update of their 2003-2005 Collaborative Risk and Protective Factor Assessment. Goals must then be developed to address the identified factors. All contractors must link their goals to chosen risk and/or protective factors and plan strategies that specifically address them. Goals, objectives, and activities must be built around the reduction of risk factors and the increase of protective factors in their communities. Contractors are also required to identify a method of evaluating their programs' outcomes.

There is still much work to do before alcohol, tobacco, other drug abuse and violence are reduced, and CM'S vision of *community members participating in creating and sustaining healthy, safe, economically viable communities, free from alcohol, tobacco, other drug abuse, violence, and all related social ills* becomes a reality.

Community Mobilization is authorized under the Omnibus Controlled Substances and Alcohol Abuse Act of 1989. In 1994, the voters in Washington State reaffirmed their support for Community Mobilization as a continuing priority through passage of the state Omnibus Youth Violence Prevention Act.

Note: Additional information concerning the CM Program, including the CM Policies and Procedures, as well as a listing of current CM Contractors, may be found on the CM website at www.cted.wa.gov.

B. CM'S Definition, Vision, Mission, Goal, Strategy, and Objectives

Definition

Community Mobilization is a community-based best-practice prevention strategy that uses collaborative community empowerment processes to create social change.

Vision

Community members participating in creating and sustaining healthy, safe, economically viable communities, free from alcohol, tobacco, other drug abuse, violence, and all related social ills.

Mission

To effectively address the problems of ATOD abuse and violence by promoting:

- Collaboration
- Cooperation
- Communication
- Commitment
- Cultural Competency

Goal

To involve community members in creating and sustaining safe and healthy communities through reduction of substance abuse, violence, and related social ills.

Strategy

To apply a risk and protective factor model that addresses the entire continuum of care (prevention, intervention, case management, treatment, aftercare) and embraces community ownership, local decision-making, and local control.

Domain Objectives

Community

Facilitate and support collaboration between diverse groups and resources; support communities in assessing and meeting their own needs; and support healthy community norms.

School

Facilitate and support collaboration with schools as partners in promoting bonding, healthy beliefs, and clear standards.

Family

Promote healthy families and positive family management.

Individual or Peer

Promote bonding for individuals, and opportunities for skill development and positive recognition.

C. Community Mobilization Purpose

CM provides the incentive and support for communities to develop targeted and coordinated strategies to reduce the impact and incidence of ATOD abuse and violence. Activities which may be funded through CM include those which:

1. Are based on the prevention science, including an analysis of the data reasonably available at the time, of the prevalence of risk and protective factors for substance abuse and violence; and buffers, assets, or other variables identified through scientifically based research.
2. Create or build upon the efforts of existing community programs; coordinate community program efforts; promote culturally relevant services; and develop additional activities to make the most effective use of resources to carry out the community's strategy against ATOD abuse and violence.
3. Promote ATOD abuse and violence prevention through community and school-based educational efforts; the development of positive alternatives; intervention with high-risk groups; and other prevention strategies.
4. Support effective treatment by increasing access to and availability of treatment opportunities, particularly for underserved or highly impacted populations; and by developing aftercare support mechanisms and other strategies to increase the availability and long-term effectiveness of treatment.
5. Provide meaningful consequences for participation in illegal activity; and promote safe and healthy communities through support of law enforcement strategies.
6. Demonstrate how the activity will achieve measurable results, both qualitative and quantitative, in the community's strategy against ATOD abuse and violence.

II. FUNDING GUIDELINES

A. Funding Overview

For the purposes of this application, the state Community Mobilization funding level for the 2005-2007 Biennium is based upon the Washington State Legislature's approval of a budget that continues CM, at a minimum, at its 2003-2005 funding level of \$3.4 million. In addition, as part of its 2005-2007 Budget Request to the Governor, CTED requested an increase in CM's state-dedicated Violence Reduction and Drug Enforcement Account (VRDE) funding of \$2 million. To date, Governor Locke's 2005-2007 Budget has been released, and it included an increase of nearly \$1.2 million for the CM Program (\$600,000 annually). CTED has not made a decision about how the enhancement dollars will be distributed, should they be appropriated.

These state VRDE funds will be combined with the U.S. Department of Education's Safe and Drug-Free Schools and Communities State Grants Program funding, Governor's Portion, to support CM activities beginning July 1, 2005. Federal funding is based on the FFY 2005 U.S. Congressional appropriation for the Safe and Drug-Free Schools and Communities Program, Governor's Portion for Washington State, of \$1.4 million.

The President's FFY 2006 budget request, if funded, will eliminate the federal portion of CM's funding, which would be effective with the 2006-2007 state fiscal year. Should either the state or federal funding be reduced during the 2005-2007 biennium, CM allocations to contractors will likewise be reduced.

B. Application Period

The Community Mobilization application is completed on a biennial basis. This application for funding will support activities conducted from July 1, 2005 through June 30, 2007. It is believed that a two-year application period will support communities in their development and establishment of long-range goals and objectives as they implement their countywide strategies to reduce the incidence of substance abuse and violence. Awards will be made based on a biennial timeline; however, due to the annual federal funding cycle, CTED will implement contracts on an annual basis.

C. Local Funding

Funding

Local county funding levels provided within this application will assume current level funding for CM for the 2005-2006 state fiscal year. If the 2005 Legislative appropriation for the CM program includes some or a portion of the requested increase in funding, CTED will work with the CM Advisory Committee to adjust local funding allocations accordingly.

Of the total funds available, approximately \$2.7 million annually will be passed through to local countywide programs on a formula basis. Formula funding is comprised of both base and per capita funding.

To ensure that all counties, especially small counties, receive sufficient funding to conduct fundamental CM activities, the formula funds are allocated not only by county population size, but by the costs of basic CM functions that all counties must perform.

The formula allocation was developed by rank, ordering all counties according to their population. Subsequently, there are six county sizes:

1. Extra Small:	1	-	11,499
2. Small:	11,500	-	37,999
3. Medium:	38,000	-	83,999
4. Large:	84,000	-	299,999
5. Extra Large:	300,000	-	499,999
6. Metro:	500,000 and above		

Counties that are extra small receive only base funding. Small, medium, large, and extra large counties receive base and per capita funding. Metro counties receive only per capita funding. Please see Appendix A, FY 2005-2006 Community Mobilization Program, County Population and Size; and Appendix B, 2005-2006 CM Funding Allocations Table.

The base funding for specific size counties is as follows (see Appendix B):

<u>County Size</u>	<u>Dollar Amount</u>
Extra Small	\$ 20,000
Small	\$ 20,000
Medium	\$ 25,000
Large	\$ 28,000
Extra Large	\$ 7,000
Metro	\$ -0-

III. APPLICATION GUIDELINES

A. Eligible Applicants and Contracting Organizations

The CM application should be completed and submitted by the local **CM Policy Board** for the respective county or counties, as specified in the Community Mobilization Program Policies and Procedures.

B. Contractual Agents

Each CM Policy Board must identify a Contractual Agent responsible for administering the CM contract with CTED. Eligible Contractual Agents include city, county, or tribal governments; school districts (including educational service districts); colleges; and non-profit organizations that are 501(c)(3) certified. Contractual Agents must demonstrate the fiscal capacity to administer state and federal resources.

C. Memorandum of Understanding

Contractual Agents and local CM Policy Boards must outline their respective authorities and responsibilities in a written Memorandum of Understanding. It is recommended that the agreement include a mechanism for the parties to resolve, at the local contractor level, any disputes that might arise between them. Such agreements should encourage Contractual Agents and local CM Policy Boards to work effectively together to meet legislative intent and further the objectives of the CM Program. **The Memorandum of Understanding shall be updated no less than every four years, unless: 1) there is a change in the Contractual Agent; or**

2) there is a substantial change in membership of the local CM Policy Board. Then, a new Memorandum of Understanding must be signed before funds may be expended. A sample Memorandum of Understanding is included in your CM Program Policies and Procedures (see www.cted.wa.gov).

D. Community Participation

Each applicant must provide evidence of active community participation by submitting a narrative describing the process used to bring community representatives together to participate in the preparation of a Collaborative Needs Assessment. For the 2005-2007 CM application, using Form 7, the applicant will describe the activities that were undertaken in your county to update the 2003-2005 collaborative needs assessment for use in establishing your CM Program's 2005-2007 priorities.

E. CM Policy Board

The application must show how the local CM Policy Board used the information from the updated Collaborative Needs Assessment to identify the risk and/or protective factors CM contractors will address and the strategies used to address them. CM Policy Boards must demonstrate, at a minimum, how they will continually ensure that the following representation is involved in the development and implementation of their county's CM substance abuse prevention and reduction strategy:

- Education/Prevention
- Treatment
- Parents/Guardians
- Law Enforcement
- Local Government

Additionally, CM Boards must have a written outreach plan, updated annually, which seeks to achieve meaningful participation from:

- Other community members
- Citizens' Groups
- Business
- Juvenile Justice
- Ethnic and Cultural Representation
- Human Services
- Faith Community
- Youth
- Service Clubs
- Tribal Commissions
- Health Services
- Public Housing
- Job Training
- Child Protection Services Workers

F. Drug and Violence Prevention Activities

State Funding: State funding for Community Mobilization, as described in Section IIA, is available for planning, developing, implementing, and evaluating a coordinated, comprehensive substance abuse and violence reduction strategy. Applicants must describe in their application how the community will coordinate, collaborate, and provide prevention, intervention, treatment, and/or law enforcement activities to reduce alcohol and other drug abuse and violence in their communities.

Federal Funding: Funds received from the U.S. Department of Education through the Safe and Drug-Free Schools and Communities Program, as described in Section IIA, must be prioritized to provide services to children and youth who are not normally served by the state or local educational agencies, and populations that need special services or additional resources. Special consideration shall be given to contractors that pursue a comprehensive approach to drug and violence prevention that includes providing and incorporating mental health services related to drug and violence prevention in their programs.

Note: Form 8, item numbers 2 (a, b, and c) must be fully answered by the applicant. A statement that these populations are included in the general county population is not specific and will not be approved by CTED.

Authorized Activities:

Activities authorized under the federal Safe and Drug-Free Schools and Community Program, Governor's Portion, are as follows:

1. Planning and implementing drug and violence prevention activities that complement and support local education agency activities to prevent and reduce violence associated with prejudice and intolerance.
2. Disseminating information about alcohol, tobacco, other drug abuse, and violence prevention.
3. Developing and implementing community-wide drug and violence prevention planning and organizing.
4. Training parents, law enforcement officials, judicial officials, social service providers, and community leaders about ATOD and violence prevention, comprehensive health education, early intervention, pupil services, or rehabilitation referral.
5. Developing and implementing comprehensive, community-based drug and violence prevention programs that link community resources with schools and integrate services involving education, vocational and job skills training and placement, law enforcement, health, mental health, community service, mentoring, and other appropriate services.
6. Planning activities to protect students traveling to and from school.
7. Providing before- and after-school recreational, instructional, cultural, and artistic programs that encourage alcohol-, tobacco-, and other drug- and violence-free lifestyles.
8. Planning activities that promote the awareness of, and sensitivity to, alternatives to violence through courses of study that include related issues of intolerance and hatred in history.
9. Developing and implementing activities to prevent and reduce violence associated with prejudice and intolerance.
10. Developing and implementing strategies to prevent illegal gang activity.
11. Developing and implementing community re-entry programs for offenders.
12. Coordinating and conducting community-wide violence and safety assessments and surveys.
13. Planning service-learning projects that encourage alcohol-, tobacco- and other drug- and violence-free lifestyles.
14. Evaluating programs and activities.
15. Any school-based programs provided using federal SDFSC funding must be made available, on an equal basis, to students from private schools who elect to attend the activity. Transportation to and from the activity is the responsibility of the student (CFR 34.76.650).

Note: Federal SDFSCA funds may not be used to fund treatment.

IV. ADMINISTRATIVE GUIDELINES

A. Match Requirements

Funds awarded under this program must be matched locally by at least a 25 percent match to the total Community Mobilization funds received (see Appendix G, Match Guidelines). For example, if your organization receives:

$\begin{array}{r} \$20,000 \text{ -- Formula Funds} \\ \times .25 \text{ -- 25 \% equals} \\ \hline \$ 5,000 \text{ -- Match Amount} \end{array}$

The match must be used to directly support the goals and objectives of the funded activities described in the 2005 – 2007 Substance Abuse and Violence Reduction Strategy (Forms 8 and 8-A). The match may include cash, in-kind (see Appendix G for In-kind Match Guidelines), or a combination of both. Use Form 3 (Community Resources) to assist you in identifying your matching resources for:

Salaries	Benefits
Contracted Services	Goods and Services
Travel	Training
Equipment	Cash

B. Non-Supplanting

Federal and state Community Mobilization resources may not be used to supplant federal, state, or local funding of existing programs. For example, if your organization currently operates a Teen Center with funds from the county, you cannot use federal or state funding to replace the county funds.

C. Allowable Costs

Allowable uses of CM funds shall include, but not be limited to, Administrative and Operating costs:

1. State

Administrative Costs: Costs which are directly associated with administration, supervision, program management, and program development (for example, administrative costs are those expended for an audit, indirect rate, managing contracts, supervising staff, etc.). No more than ten percent (10%) of your total award may be used for administrative costs. Only STATE funds can be used for Administrative Costs.

Sub-contractor(s) administrative costs must be included in the total ten percent (10%) explained above.

2. State and federal

Operating Costs: Costs which are directly associated with coordination and implementation of activities to provide prevention, intervention, treatment and law enforcement activities in the community. These operating costs include, but are not limited to, the approved costs of

personnel (salaries and benefits), printing, supplies, contractual services, equipment, and the costs of occupying, operating, and maintaining the space used for these purposes.

Supervision of staff who deliver direct services is not an operating cost. For example, if ten percent (10%) of the director of the organization or the coordinator's time is spent supervising the bookkeeper when working on CM fiscal matters, that portion of time should be charged to administrative rather than operational costs.

D. Contractual Arrangements

1. Contracts

CM contracts will be based upon the budget (Form 2) and workplan (Form 8-A, Substance Abuse and Violence Reduction Strategy) information provided in this application. Any subsequent changes in the program budget or workplan must be requested in writing, and be approved by CTED.

2. Subcontracts

All program services provided by an organization other than the contractor must be subcontracted. Activities completed under this contract may not be subcontracted without prior authorization from CTED. CTED reserves the right to review all subcontracts. To fulfill this requirement, the intent to subcontract must be indicated in this application (see Forms 8 and 8-A). Any plans for subcontracts included in the application are considered approved once CTED has approved the application and prepared the contract for funding. Further, all subcontracts must be a legal, binding contract, made in writing. Work on a subcontract may not begin prior to the execution date of the subcontract. CM contractors are responsible for the satisfactory accomplishment of the activities included in such subcontracts and for conducting on-site monitoring of all CM-funded subcontracts on an annual basis. In addition, contractors must ensure that appropriate contractual requirements, as stipulated in the CTED contract language, are included in all subcontracts. Please see the CM Program Policies and Procedures, Section V Contract, B Subcontracts, for more information.

E. Reporting Requirements:

Each contractor must submit the following documents to CTED:

1. Expenditure Report and Request for Reimbursement forms (invoices) must be submitted no more than once a month, or at least every quarter.
2. Program Activity Report (PAR) forms, which summarize all activities conducted during the preceding six months, on a semi-annual basis.
3. A one-page Summary Report, which highlights the program's activities and evaluation/outcome results conducted during the prior program year, annually.
4. Qualitative and quantitative evaluation measurement tools and reports, as required by CTED, for the evaluated activity. For example, all CM contractors will be required to complete the CM Scorecard at least once biennially; and one additional survey tool or focus group administered for the individual/peer, family, or school domain every contract year. Survey tools will be provided by CTED, and the CM subcontractor will work with the CM evaluator and their CM regional coordinator at CTED to negotiate approval of their additional evaluation tool or focus group.

Required CM contractor reports assist CTED in providing information to policy makers, the federal Department of Education, and other interested parties.

F. Billing Procedures and Payments

Authorized and allowable program expenditures will be reimbursed upon receipt and approval of the Expenditure Report and Request for Reimbursement form (invoice). The contractor must submit this form at least quarterly, within fifteen (15) days after the last month in which costs were incurred, in order to receive timely payment. Reflect your intended billing schedule on Form 1—Application Face Sheet, Line 12 (Estimated Expenditures), on either a monthly or quarterly basis. The final annual CM invoice is routinely required to be submitted to CTED no later than July 10th after the end of the contract year.

V. APPLICATION SUBMITTAL REQUIREMENTS

A. Section I:

A completed application for funding must include the following:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1. Application Face Sheet | Form 1 |
| 2. Budget Detail | Form 2 |
| 3. Community Resources | Form 3 |
| 4. Abstract | Form 4 |
| 5. CM Organizational Capacity | Form 5 |
| 6. CM Policy Board | Form 6 |
| 7. Collaborative Needs Assessment Results | Form 7 |
| Collaborative Needs Assessment Results-Forms | Forms 7A-C |
| 8. Substance Abuse and Violence Reduction Strategy | Form 8 |
| Worksheet: Substance Abuse and Violence Reduction Strategy | Form 8A |
| 9. Management Evaluation | Form 9 |
| 10. Statement of Assurances | Form 10 |
| Submit 501(c)(3) Certification if Private Nonprofit Agency | |
| 11. Certifications Regarding Lobbying; Debarment,
Suspension and Other Responsibility Matters; and
Drug-Free Workplace Requirements | OJP 4061-6 |
| 12. Signature Authorization Form | Form 11 |

Submit an original or an electronic copy (to be followed by the original) of the application by May 1, 2005 to:

**Department of Community, Trade and Economic Development
Attn: Suzanne Walker, OAS
LGD/SDFC
906 Columbia Street SW
PO Box 42525
Olympia, WA 98504-2525
suzanne@cted.wa.gov**

If you have any questions or need further information about the application, please contact your CM regional representative:

Visudha de los Santos at (360) 725-3036, e-mail: visudhad@cted.wa.gov

Note: The CM coordinator position for Regions 1 and 4 is currently vacant. For assistance, please contact Visudha de los Santos; or Susie Roberts, Program Supervisor, (360) 725-3035, e-mail: susier@cted.wa.gov.

B. Section II: Threshold Review

To ensure that applications are complete, CTED staff will conduct a Threshold Review. Failure to submit an accurate and complete application may result in delayed approval of your application and subsequent preparation of your contract by CTED staff.

C. Addenda

The Department will not accept addenda or attachments to your application, except those required which are listed as follows:

1. 501(c)(3) certification if a private nonprofit agency
2. Signed Memorandum of Understanding
3. Letters of Support
4. CM Board Organizational Chart
5. Programmatic Organizational Chart
6. Letters documenting cash or in-kind support

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**STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT**

COMMUNITY MOBILIZATION

APPLICANT NAME: _____

LIST COUNTY(IES): _____

APPLICATION CHECK LIST

Please use the following application submittal requirements as a checklist to ensure that all portions of the application have been completed prior to submittal to CTED. Submit this checklist as a cover sheet to your application package:

I have checked to verify that the following information is included
in my application in the following order:..... Initials _____

APPLICATION

1. Application Face SheetForm 1 _____
2. Budget DetailForm 2 _____
3. Community ResourcesForm 3 _____
4. AbstractForm 4 _____
5. CM Organizational CapacityForm 5 _____
6. CM Policy BoardForm 6 _____
7. Collaborative Needs Assessment ResultsForm 7 _____
Collaborative Needs Assessment Results-Forms..... Forms 7A-C _____
8. Substance Abuse and Violence Reduction StrategyForm 8 _____
Worksheet: Substance Abuse and Violence Reduction StrategyForm 8A _____
9. Management EvaluationForm 9 _____
10. Statement of AssurancesForm 10 _____
11. Certifications Regarding Lobbying, Debarment, etc. OJP 4061-6 _____
12. Signature Authorization FormForm 11 _____

ADDENDA

Please note that the documents listed below should be placed in the back of the application. Please clearly label these documents so they are easily identified. It is suggested that these documents be printed on colored paper.

- A. 501(c)(3) Certification if you are a private non-profit agency _____
- B. Signed Memorandum of Understanding _____
- C. Letters documenting cash or in-kind support..... _____
- D. CM Board Organizational Chart _____
- E. CM Programmatic Organizational Chart _____

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APPLICATION FOR FUNDING

FORMS 1-11

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**STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY, TRADE
AND ECONOMIC DEVELOPMENT**

**COMMUNITY MOBILIZATION
APPLICATION FACE SHEET - FORM 1
SFY 2006**

APPLICATION FACE SHEET

1. Applicant's Name and Address:

2. Contact Person: _____

Title: _____

Telephone: () _____

3. Tax Identification No.: _____

UBI No.: _____

DUNS No.: _____

SWV No.: _____

4. Legislative Districts Served: _____

5. Program Period: 7/1/2005 to 6/30/2006

6. Funding Authority: State of Washington
Department of Community, Trade
and Economic Development

7. Service Area (by counties):

8. Bars Code (state): 334.04.2xx

Bars Code (federal): 333.84.186

CFDA: 84.186

9. Organization Fiscal Year:

_____ to _____

10. PURPOSE: To provide funds to communities to develop and implement targeted, coordinated, and prioritized strategies to reduce the impact and incidence of substance abuse and violence.

11. PROPOSED ANNUAL BUDGET REQUEST

	(a)	(b)	(c)	(d)	(e)	(f)	(g)
	State Funding		Total State	Total Federal	Total State and Federal	Local	Meth
	Admin.	Operations		Funding	Funding	Match	Initiative
Salaries	\$	\$	\$	\$	\$	\$	\$
Benefits	\$	\$	\$	\$	\$	\$	\$
Contracted Ser	\$	\$	\$	\$	\$	\$	\$
Goods and Ser	\$	\$	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$	\$	\$
Training	\$	\$	\$	\$	\$	\$	\$
Equipment	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$

12. ESTIMATED EXPENDITURES

Total of State and Federal Funds (Do not include match funding)

	CM	Meth	Total CM & Meth
July	\$	\$	\$
Aug	\$	\$	\$
Sept	\$	\$	\$
Oct	\$	\$	\$
Nov	\$	\$	\$
Dec	\$	\$	\$
Jan	\$	\$	\$
Feb	\$	\$	\$
Mar	\$	\$	\$
Apr	\$	\$	\$
May	\$	\$	\$
June	\$	\$	\$
TOTAL	\$	\$	\$

13. GRAND TOTAL

(July 1, 2005 - June 30, 2006)

State Funding

ADMIN + OPER = TOTAL STATE

\$ + \$ = \$

TOTAL FEDERAL

\$

14. TOTAL STATE & FEDERAL FUNDING

\$

Grand Total Funding X 10% = \$

*Administrative Costs shall not exceed 10% of the contract including the meth funding.

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BUDGET DETAIL
FISCAL YEAR 2006 (July 1, 2005 - June 30, 2006)

	STATE FUNDING			FEDERAL FUNDING	TOTAL STATE		METH
	Administration	Operations	TOTAL	Total Operations	AND FEDERAL	MATCH	INITIATIVE
							FUNDING
A. SALARIES							
Position Title							
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total Salaries	\$	\$	\$	\$	\$	\$	\$
B. BENEFITS							
Staff:	\$	\$	\$	\$	\$	\$	\$
Total Benefits	\$	\$	\$	\$	\$	\$	\$
TOTAL SALARIES							
& BENEFITS	\$	\$	\$	\$	\$	\$	\$
C. CONTRACTED SERVICES							
List CM Subcontractor(s). Include any admin given to subcontractors:							
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
TOTAL CONTRACTED							
SERVICES	\$	\$	\$	\$	\$	\$	\$

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BUDGET DETAIL
FISCAL YEAR 2006 (JULY 1, 2005 - JUNE 30, 2006)

	STATE FUNDING			FEDERAL FUNDING	TOTAL STATE		METH
	<u>Administration</u>	<u>Operations</u>	<u>TOTAL</u>	<u>Total Operations</u>	<u>AND FEDERAL</u>	<u>MATCH</u>	<u>INITIATIVE FUNDING</u>
D. GOODS AND SERVICES							
1. SUPPLIES							
Office	\$	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$	\$	\$
Total Supplies	\$	\$	\$	\$	\$	\$	\$
2. OCCUPANCY							
Rent	\$	\$	\$	\$	\$	\$	\$
Utilities	\$	\$	\$	\$	\$	\$	\$
Telephone	\$	\$	\$	\$	\$	\$	\$
Maint. & Repair	\$	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$	\$	\$
Total Occupancy	\$	\$	\$	\$	\$	\$	\$
3. OTHER							
Indirect Costs*	\$	\$	\$	\$	\$	\$	\$
Audit	\$	\$	\$	\$	\$	\$	\$
Bonding	\$	\$	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$	\$	\$
Payroll/Acct.	\$	\$	\$	\$	\$	\$	\$
Publications	\$	\$	\$	\$	\$	\$	\$
Memberships	\$	\$	\$	\$	\$	\$	\$
Printing	\$	\$	\$	\$	\$	\$	\$
Postage	\$	\$	\$	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$	\$	\$
Total Other	\$	\$	\$	\$	\$	\$	\$
TOTAL GOODS & SERVICES	\$	\$	\$	\$	\$	\$	\$

*What is the basis for the indirect cost rate? _____

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BUDGET DETAIL
FISCAL YEAR 2006 (JULY 1, 2005 - JUNE 30, 2006)

	STATE FUNDING			FEDERAL FUNDING	TOTAL STATE		METH
	<u>Administration</u>	<u>Operations</u>	<u>TOTAL</u>	<u>Total Operations</u>	<u>AND FEDERAL</u>	<u>MATCH</u>	<u>INITIATIVE FUNDING</u>
E. TRAVEL							
Staff Travel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL							
TRAVEL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
F. TRAINING							
Staff Training	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Volunteer Training	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL							
TRAINING	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
G. EQUIPMENT							
Office	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL							
EQUIPMENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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COMMUNITY MOBILIZATION FORM 3

APPLICANT: _____

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ABSTRACT

On two single-sided pages or less, briefly summarize the activities of the program, as fully described in the ensuing pages of the application. Please address each of the following items:

1. How the budget ties to the proposed activities.
2. The organization providing program services, the financial structure that will support the program, and the community partners supporting the program.
3. The CM Policy Board (the administrative structure) that will support the ongoing management and planning for the program.
4. The prioritized risk and protective factors for the CM Program as determined by the Collaborative Needs Assessment, including the:
 - a. Geographic area(s) and population to be served.
 - b. Measurable indicators of substance abuse and violence for areas specifically impacted by high-risk youths.
 - c. Substance abuse and violence problem in your county.
5. Your Program Strategy, including the:
 - a. Mission statement.
 - b. Goals and objectives for each prioritized risk or protective factor for the program.
 - c. Key activities that will be implemented.
 - d. Program Evaluation, including both process and outcome measures.

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CM ORGANIZATIONAL CAPACITY

Describe in narrative form on two single-sided pages or less, your organization's administrative structure and its ability to ensure provision of services. This must include, but is not limited to, the following critical elements:

1. The Policy Board that will oversee your county's Community Mobilization Program. This Policy Board must meet state requirements for the composition of a CM Policy Board. Policy Board membership includes, at a minimum:
 - a. Education
 - b. Treatment
 - c. Local Government
 - d. Law Enforcement
 - e. Parents
2. The Contractual Agent that will be designated by the CM Policy Board to administer the county's CM Program. Describe:
 - a. The organizational structure of the Contractual Agent(s), including who will be directly responsible for the administration of the Community Mobilization Program, and their level of responsibility within the organizational structure.
 - b. The Contractual Agent's capacity to administer state and federal funds.

In addition, attach the following documents to your application:

1. An organizational chart or other document that lists Policy Board members, including names, titles, and their affiliations; and which identifies Policy Board Officers.
2. A Programmatic Organizational Chart that indicates lines of authority for Community Mobilization Program decision-making.
3. Letters from partners and/or local agencies that indicate cash or in-kind support of at least 25% of the total CM funding.

Note: The following types of organizations are eligible to become CM Contractual Agents: city, county, or tribal governments; school districts, educational service districts, or colleges; or nonprofit organizations with a 501(c)(3) designation.

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CM POLICY BOARD

1. It is expected that the CM Policy Board will have in place written policies that will ensure the following. Describe in narrative form on two, single-sided pages or less:
 - a. How the policy board achieves active oversight responsibility for the CM Program and staff.
 - b. How policy board member expectations are clearly delineated and understood.
 - c. The methods that have been established to ensure policy board member accountability for the above expectations.
2. Describe, on two single-sided pages or less, the policy board's written outreach plan for achieving and maintaining meaningful participation from all appropriate segments of the community, including:
 - a. Education
 - b. Treatment
 - c. Local Government
 - d. Law Enforcement
 - e. Parents

In addition, this plan should describe how your CM Program achieves significant participation from the above critical elements, as well as youth, service clubs, community members, juvenile justice, business, job training, human services, citizens' groups, health services, public housing, tribal commissions, Child Protection Services (CPS) workers, the media, the faith community, prevention partners, ethnic and cultural representation, and others.

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COLLABORATIVE NEEDS ASSESSMENT 2005-2007
BIENNIUM UPDATE REPORT

Submit the Collaborative Needs Assessment (CNA) completed in your county. For the 2005-2007 biennium, please provide an update of your 2003-2005 Biennium Collaborative Needs Assessment, Forms 7A – 7C. Since this is an update, please complete the forms as completely as is relevant, considering the methods you used to accomplish your update.

1. What risk factors and protective factors (see Appendix D) did you prioritize for prevention programming for the 2003-2005 biennium?
2. What risk factors and protective factors (see Appendix D) did you prioritize for prevention programming for the 2005-2007 biennium?
3. If you used additional data sources, please submit CNA Forms 7A and 7B (as applicable).
4. In regard to your prioritization for the 2005-2007 biennium, please address each of the following:
 - a. Discuss why you changed priorities OR did not change priorities.
 - b. Discuss the role that data played in shaping the priorities.
 - c. Identify challenges and opportunities created by the assessment.
5. Complete Form 7C to describe the assessment process that took place in your county.

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ADDITIONAL DATA SOURCES USED FOR 2005-2007*

Data Source (Identify the report or publication or source of the information)	Year of Data Source (When published)	Current Data? (3 years old or less)	Replicable? (Is the same data reliably collected in future years?)	Verifiable? (Could two different people collect the same data and come up with the same results?)	What information did you use from this data source in your assessment effort?
Example: PRIDE Alcohol/Drug Survey			Yes	Yes	Example: Our school district did not participate in the Healthy Youth Survey, so this is how we showed prevalence of use among our students.

* Required if you used data sources other than the Healthy Youth Survey and the County Profile provided by DASA.

(OPTIONAL*): ADDITIONAL DATA SOURCES USED FOR 2003-2005

Data Source (Identify the report or publication or source of the information)	Year of Data Source (When published)	Current Data? (3 years old or less)	Replicable? (Is the same data reliably collected in future years?)	Verifiable? (Could two different people collect the same data and come up with the same results?)	What information did you use from this data source in your assessment effort?
Example: PRIDE Alcohol/Drug Survey			Yes	Yes	Example: Our school district did not participate in the WSSAHB, so this is how we showed prevalence among our students.

* Required if you used data sources other than the Healthy Youth Survey and the County Profile provided by DASA.

REPORT ON PARTICIPATION

Please address each of the following regarding your 2005-2007 Planning Process:

1. Who convened the first meeting?
2. When was the first meeting?
3. How were people invited to the first meeting?
4. Who attended the first meeting?
5. What happened at the first meeting?
6. How were subsequent meetings scheduled?
7. Who convened the subsequent meetings?
8. How were people invited to subsequent meetings?
9. What efforts were made to retain participation between meetings?
10. Explain how your process addressed each of the following:
 - a. Multi-agency involvement
 - b. Use of local data sources
 - c. Involvement of, and communication with, the public
 - d. Assessment of resources/gaps in service
 - e. Efforts to retain participation throughout the process
 - f. Development of programming goals and objectives from priorities established through the process

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SUBSTANCE ABUSE AND VIOLENCE REDUCTION STRATEGY

The Substance Abuse and Violence Reduction Strategy must relate directly to the Community Mobilization Collaborative Needs Assessment for 2005-2007. The strategy must clearly articulate a unified and sound approach to reducing alcohol, tobacco, other drug abuse, and violence.

Please note the following three items:

1. On no more than two, single-sided pages include relevant additional information to further describe the information included on your strategy worksheets. Do not repeat the same information that you provide on your Form 8A Worksheet.
2. On two, single-sided pages or less, address how federal funds will be used to provide priority services to the following.

Note: Do not state that you will include these populations by pulling from your county's general population. Be specific about how you will target these particular groups:

- a. Children and youth not normally served by state or local educational agencies.
 - b. Populations that need special services or additional resources, such as preschool, youth in juvenile detention facilities, runaway or homeless children and youth, pregnant and parent teenagers, and school dropouts.
 - c. Mental health services related to drug and violence prevention.
3. Please complete the Worksheet – Form 8A, in as much detail as possible, whether the services are to be performed by the Contractor or Subcontractor(s). (Form 8B is included as an example of a completed Form 8A worksheet).

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WORKSHEET- SUBSTANCE ABUSE AND VIOLENCE REDUCTION STRATEGY

PROGRAM OR SERVICE MODEL: _____

PROGRAM MODEL AND SERVICES							MEASUREMENT ACTIVITIES		
Risk or Protective Factors	Goal/ Program Focus	Strategy Type	Target Groups	Prevention Activities	Near-Term Program Objectives	Long-Term Program Objectives	Measurement Source(s)/ Instruments(s)/ Archival Variable(s)	Timing of Baseline Measurements	Timing of Post Service Measurement
List, by order of importance, risk/protective factors that the project addresses.	In general terms, what is this CM project supposed to accomplish?	Is the project Universal, Selective, or Indicated?	What groups of people does the project serve? Specify by age, geographic location, and key demographic characteristics.	List the specific prevention activities that will be implemented to achieve program objectives.	Specify measurable objectives that are expected to be achieved within one year of project start. For example, "positive change in adolescent knowledge, attitudes, and behaviors regarding drug use."	Specify measurable program objectives that are expected to be achieved only one year or longer after the program start.	Indicate how the outcome measurement data is being collected. Also indicate if you will use an approved CTED measurement tool or focus group.	Indicate date (month & year) of pre-test or baseline measurement.	Indicate date (month & year) of post-test or post services measurement.

	COMMUNITY MOBILIZATION	FAMILY LIFE/ PARENTING CLASS	PHYSICAL CHALLENGE (ROPES) COURSE
RISK OR PROTECTIVE FACTORS	<ul style="list-style-type: none"> Low neighborhood attachment and community disorganization. 	<ul style="list-style-type: none"> Family conflict. Family management problems. Family bonding: opportunities, skills and recognition for prosocial involvement. 	<ul style="list-style-type: none"> Community bonding: opportunities, skills and recognition for prosocial involvement. Peer bonding: opportunities, skills and recognition for prosocial involvement. Friends who engage in the problem behavior. Community laws and norms favorable toward drug use.
MEASURABLE GOALS/ PROGRAM FOCUS	<p>Increase by 25% the number of CM sponsored or facilitated community-based meetings and activities to address and prevent ATOD use and delinquent activity of youth in our community. Emphasize inclusion and diversity of community mobilization activities. Increase will be measured by attendance records at meetings and events. Increase will be achieved by June 30, 2003.</p>	<p>Increase capability of parents to effectively parent their children, focusing on issues of setting developmentally appropriate boundaries and standards. For two-parent families, improve communication skills between parents, strengthening the parental relationship.</p> <p>Increased capability and communication skills will be measured by a pre-post test administered to participants, with a 6-month follow-up for participants who can be located. Families on the wait list will be used as controls.</p>	<p>Enhance the social skills of high-risk adolescents, build group cohesion among and between youth for pro-social behavior, and increase exposure of the youth to positive adult role models.</p> <p>Increased social skills and identification of healthy adult role models will be measured by pre-post test of participants. A group of non-participants will be identified as a control group.</p>
STRATEGY TYPE	Universal	Selective	Indicated
TARGET GROUPS <u>Age:</u> <u>Geographic Location:</u> <u>Key Demographic Characteristics:</u>	<u>Age:</u> All community members ages 12 and higher. <u>Location:</u> Countywide, with extra emphasis in special needs areas of community. <u>Demographics:</u> None.	<u>Age:</u> Parents or Guardians 20-55. <u>Location:</u> XYZ city within county. <u>Demographics:</u> One- or two-parent families of children, aged 10-18, parents have alcohol problems.	<u>Age:</u> Youth 10-17. <u>Location:</u> Risk area of county identified in needs assessment process. <u>Demographics:</u> Males and females 13-18 who reported low grades.
PREVENTION ACTIVITIES	Community mobilization support, technical assistance and facilitation by CM personnel throughout the county. Emphasis on inclusion and diversity of community groups.	Parent training activities using XYZ curriculum, with services provided by personnel trained in the delivery of the curriculum.	Physical challenge course, with interaction and team building with positive adult role models.

**STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE & ECONOMIC DEVELOPMENT**

**COMMUNITY MOBILIZATION
SAMPLE WORKSHEET
FORM 8B (cont.)**

	COMMUNITY MOBILIZATION	FAMILY LIFE/PARENTING CLASS	PHYSICAL CHALLENGE (ROPES) COURSE
NEAR-TERM PROGRAM OBJECTIVES (Expected to occur within one year or less)	<ul style="list-style-type: none"> Increased number of community-based meetings and community generated activities sponsored or facilitated by CM. Increased cohesion among community members and groups. Improvement in quality of community life, especially for youth. 	<ul style="list-style-type: none"> Improved parental supervision, discipline, and management skills among participating parents. Increase in positive interactions and feelings between all family members. Better communication patterns between the parents. Increases measured by pre-post tests of participants with 6-month follow-up. 	<ul style="list-style-type: none"> Increase in adolescent's social skills. Decrease levels of current ATOD and delinquency among the participants. Decrease association with peers currently engaging in ATOD use and delinquency. More positive view of community. Positive change in laws and norms related to ATOD use and delinquency. Increases to be measured by pre-post surveys of participants.
LONG-TERM PROGRAM OBJECTIVES (Expected to occur after one year or more)	<ul style="list-style-type: none"> Reduce overall level of ATOD use among community youth. Reduce overall level of delinquency among community youth. 	<ul style="list-style-type: none"> Reduce overall rates of ATOD use and delinquency among children from participating families. 	<ul style="list-style-type: none"> Reduce long-term level of ATOD use among participating youth. Reduce long-term level of delinquency among participating youth.
MEASUREMENT SOURCE(S)/ INSTRUMENT(S)/ ARCHIVAL INDICATOR(S)	<ul style="list-style-type: none"> King County Community Mobilization Instrument, Networking Communication scale. King County Community Mobilization Instrument, inclusion scale. Voter registration in targeted community areas. Voter participation in targeted community areas. Increase in Community Opportunities for Positive Involvement for youth in targeted areas. 	<ul style="list-style-type: none"> Mother Report Discipline Scale. Participant survey of parenting skills. Teacher report of child's behavior (Child Behavior Checklist). Divorce rates. 	<ul style="list-style-type: none"> Student Survey: Social Skills. Student Survey: Opportunities for Positive Involvement in the Community. Student Survey: Rewards for Positive Involvement in the Community. Student Survey: Interaction with Antisocial Peers. Student Survey: Laws and Norms Favorable to ATOD Use. Social Skills Rating System.
TIMING OF BASELINE MEASUREMENTS	Upon beginning of county involvement with project.	At start of parenting class.	At start of course.
TIMING OF POST- SERVICE MEASUREMENTS	Within three months of end of biennium.	Six months after completion of class.	One month following completion of course.

MANAGEMENT EVALUATION

Describe in narrative form on two single-sided pages or less:

1. The plan for your own internal process evaluation of the entire CM Program throughout the biennium. This includes ensuring that planned projects are clearly assigned to responsible parties; that they occur within projected timelines; and that your budget and work plans are reviewed in a timely manner for compliance with your CM application and contract. Describe how the CM Policy Board is involved in the process evaluation.
2. Address the evaluation measurements described in your Form(s) 8B and how you will ensure that you meet CM's evaluation requirements as described on Page 9, reporting requirements.

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STATEMENT OF ASSURANCES

The applicant:

1. Has a governing board with powers consistent with requirements outlined in this application.
2. Has a board that has adopted and implemented by-laws for governance.
3. Will implement and maintain full compliance with all applicable requirements and regulations of the Community Mobilization Program and the Safe and Drug-Free Schools and Communities Act.
4. Will maintain fiscal control and fund accounting procedures adequate to ensure the proper disbursement of, and accounting for, all funds received pursuant to this application.
5. Will ensure the full cooperation of administrative and program staff and the availability of all records upon request and convenience of staff from the Department of Community, Trade and Economic Development; Office of the Governor; federal Department of Education; or the Office of the State Auditor, who are charged with monitoring program compliance and the use of funds provided.
6. Will assure compliance with the Safe and Drug-Free Schools and Communities Act, as amended, and regulations promulgated by the Federal Government to maintain a drug-free work place.
7. Will assure compliance with the Americans with Disabilities Act (ADA) of 1990.
8. Will not undertake any prohibited political activities with these funds, including but not limited to, voter registration activity; partisan political activity; lobbying the congress, the legislature, or any federal or state agency; and campaigning on any ballot measure.
9. Will guarantee that in performing any contract, purchase, or other agreement, the organization shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, marital status, orientation, national origin, political affiliation; or the presence of any sensory, mental or physical disability. The organization agrees to take affirmative action to ensure that applicants are employed and that employees are treated during employment without discrimination because of their race, color, religion, age, sex, political affiliation, handicap, or national origin. Such action shall include, but not be limited to, employment upgrading; demotion or transfer; recruitment and recruitment advertising; layoff or termination; rates of pay; or other forms of compensation and training.

PLEASE NOTE: THE DEPARTMENT'S ACCEPTANCE OF THIS APPLICATION FOR FUNDING IS SUBJECT TO SUBSEQUENT COMPLIANCE REVIEWS, WHICH MAY REQUIRE CORRECTIVE ACTION BY THE APPLICANT. AUTHORIZED SIGNATURE BY THE APPLICANT GUARANTEES ASSURANCES THAT ARE CONTAINED ON THIS APPLICATION.

Authorized Signature for the Applicant:

SIGNATURE

DATE

PRINTED NAME OF SIGNATURE

TITLE

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**U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER**

**CERTIFICATION REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS;
AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. Debarment, Suspension, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 –

- A. The applicant certifies that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(B) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
 - B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application

3. Drug-Free Workplace (Grantees Other Than Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620—

- A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an on-going drug-free awareness program to inform employees about—
 - (1) The dangers of drug abuse in the workplace;

- (2) The grantee's policy of maintaining a drug-free workplace.
- (3) Any available drug counseling, rehabilitation, and employee assistance program; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue NW, Washington, D.C. 20531. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

- B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of performance (street address, city, county, state, zip code):

Check ☐ if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and state agencies may elect to use OJP Form 4061/7.

Check ☐ if the State has elected to complete OJP Form 4061/7.

Drug-Free Workplace (Grantees Who Are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620—

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within ten calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, NW, Washington, D.C. 20531

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address: _____

2. Application Number and/or Project Name

3. Grantee IRS/Vendor Number

4. Typed Name and Title of Authorized Representative: _____

5. Signature

6. Date

SIGNATURE AUTHORIZATION

(See reverse for instructions.)

All signatures *MUST* be original. Stamped signatures will not be accepted.

1. NAME OF ORGANIZATION		DATE SUBMITTED
2. NAME OF PROJECT		CONTRACT NUMBER
3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
4. AUTHORIZED TO SIGN CONTRACTS/CONTRACT MODIFICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
5. AUTHORIZED TO SIGN INVOICES		
SIGNATURE	PRINT OR TYPE NAME	TITLE
6. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE

**SIGNATURE AUTHORIZATION
INSTRUCTIONS**

All Signatures MUST be original. Stamped signatures will not be accepted.

1. Enter the name of the organization functioning as contractor and the date you are completing this form.
2. Enter the name of the program (i.e.: Community Mobilization Program) and the CTED contract number.
3. Enter the name of the person or persons who are authorized to sign applications and requests for revised applications (amendments).

EXAMPLE:

3. AUTHORIZED TO SIGN APPLICATIONS/REVISED APPLICATIONS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
<i>John Goforth</i>	John Goforth	Community Organizer

4. Enter the name of the person or persons who are authorized to sign contracts and contract modifications (amendments).
5. Enter the name of the person or persons who are authorized to sign vouchers. It is advisable to designate more than one person who can function in this capacity.
6. Enter the name of the person or persons who have the authority to authorize contract(s) and agreements such as, county commissioner, executive director, or program director. This should be the same person as identified in the "Authorized to Sign Contracts" section.

Appendix A

Population and Size

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COMMUNITY MOBILIZATION PROGRAM

FY 2005-2006 COUNTY POPULATION AND SIZE

County	2004 OFM Population	2005-2006 Population Class
Adams	16,700	Small
Asotin	20,700	Small
Benton	155,100	Large
Chelan	68,400	Medium
Clallam	65,900	Medium
Clark	383,300	Extra Large
Columbia	4,100	Extra Small
Cowlitz	95,300	Large
Douglas	34,200	Small
Ferry	7,300	Extra Small
Franklin	57,000	Medium
Garfield	2,400	Extra Small
Grant	78,300	Medium
Grays Harbor	69,200	Medium
Island	74,800	Medium
Jefferson	27,000	Small
King	1,788,300	Metro
Kitsap	239,500	Large
Kittitas	35,800	Small
Klickitat	19,300	Small
Lewis	70,700	Medium
Lincoln	10,200	Extra Small
Mason	50,800	Medium
Okanogan	39,600	Medium
Pacific	21,000	Small
Pend Oreille	11,900	Small
Pierce	744,000	Metro
San Juan	15,100	Small
Skagit	108,800	Large
Skamania	10,100	Extra Small
Snohomish	644,800	Metro
Spokane	432,000	Extra Large
Stevens	40,700	Medium
Thurston	218,500	Large
Wahkiakum	3,800	Extra Small
Walla Walla	56,700	Medium
Whatcom	177,300	Large
Whitman	41,700	Medium
Yakima	227,500	Large
Total:	6,167,800	

County Size as Determined by Population		Base Allocation
Extra Small	<11,500	\$20,000
Small	11,500 - 37,999	\$20,000
Medium	38,000 - 83,999	\$25,000
Large	84,000 - 299,999	\$28,000
Extra Large	300,000 - 499,999	\$7,000
Metro	500,000 and above	\$0

Note: Extra Small-sized counties receive Base funding only (no per capita); Metro-sized counties receive per capita only.

No counties changed county-size designation from 2004-2005 to 2005-2006.

County population based on OFM estimates of 6/30/2004

3/21/2005

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Appendix B

Formula Funding Allocation Table

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2005-2006 CM Funding Allocations
(Without Meth Funding)

County	Population	Size	Total State	Total Federal	2005-2006 Total Award
Adams	16,700	Small	\$12,392	\$12,794	\$25,186
Asotin	20,700	Small	\$12,965	\$13,463	\$26,428
Benton-Franklin	155,100	Large	\$56,884	\$61,984	\$118,868
Chelan-Douglas	68,400	Medium	\$37,198	\$39,664	\$76,862
Clallam	65,900	Medium	\$21,941	\$23,525	\$45,466
Clark	383,300	Extra Large	\$58,409	\$67,625	\$126,034
Columbia	0	Extra Small	\$10,000	\$10,000	\$20,000
Cowlitz	95,300	Large	\$27,652	\$29,943	\$57,595
Ferry	0	Extra Small	\$10,000	\$10,000	\$20,000
Garfield	0	Extra Small	\$10,000	\$10,000	\$20,000
Grant	78,300	Medium	\$23,717	\$25,599	\$49,316
Grays Harbor	69,200	Medium	\$22,413	\$24,077	\$46,490
Island	74,800	Medium	\$23,215	\$25,014	\$48,229
Jefferson	27,000	Small	\$13,868	\$14,517	\$28,385
King	1,788,300	Metro	\$256,181	\$299,179	\$555,360
Kitsap	239,500	Large	\$48,309	\$54,068	\$102,377
Kittitas	35,800	Small	\$15,129	\$15,989	\$31,118
Klickitat	19,300	Small	\$12,765	\$13,229	\$25,994
Lewis	70,700	Medium	\$22,628	\$24,328	\$46,956
Lincoln	0	Extra Small	\$10,000	\$10,000	\$20,000
Mason	50,800	Medium	\$19,777	\$20,999	\$40,776
Okanogan	39,600	Medium	\$18,173	\$19,125	\$37,298
Pacific	21,000	Small	\$13,008	\$13,513	\$26,521
Pend Oreille	11,900	Small	\$11,705	\$11,991	\$23,696
Pierce	744,000	Metro	\$106,581	\$124,470	\$231,051
San Juan	15,100	Small	\$12,163	\$12,526	\$24,689
Skagit	108,800	Large	\$29,586	\$32,202	\$61,788
Skamania	0	Extra Small	\$10,000	\$10,000	\$20,000
Snohomish	644,800	Metro	\$92,370	\$107,874	\$200,244
Spokane	432,000	Extra Large	\$65,386	\$75,773	\$141,159
Stevens	40,700	Medium	\$18,331	\$19,309	\$37,640
Thurston	218,500	Large	\$45,301	\$50,555	\$95,856
Wahkiakum	0	Extra Small	\$10,000	\$10,000	\$20,000
Walla Walla	56,700	Medium	\$20,623	\$21,986	\$42,609
Whatcom	177,300	Large	\$39,399	\$43,662	\$83,061
Whitman	41,700	Medium	\$18,474	\$19,476	\$37,950
Yakima	227,500	Large	\$46,590	\$52,060	\$98,650
	6,129,900		\$1,283,133	\$1,430,519	\$2,713,652

Check: Funds Available:		\$2,713,652
State:	\$1,283,133	
Federal:	\$1,430,519	
Total:	\$2,713,652	

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Appendix C

RCW 43.270

Community Mobilization Against Substance Abuse

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CHAPTER 43.270 RCW
COMMUNITY MOBILIZATION AGAINST SUBSTANCE ABUSE

43.270.010 Intent.

43.270.020 Grant program -- Application -- Activities funded.

43.270.040 Coordinated strategies.

43.270.070 Community suggestions.

43.270.080 Gifts, grants, and endowments.

43.270.900 Severability -- 1989 c 271.

RCW 43.270.010

Intent.

The legislature recognizes that statewide efforts aimed at reducing the incidence of substance abuse, including alcohol, tobacco, or other drug abuse, or violence must be increased. The legislature further recognizes that the most effective strategy for reducing the impact of alcohol, tobacco, other drug abuse, and violence is through the collaborative efforts of educators, law enforcement, local government officials, local treatment providers, and concerned community and citizens' groups.

The legislature intends to support the development and activities of community mobilization strategies against alcohol, tobacco, or other drug abuse, and violence, through the following efforts:

- (1) Providing funding support for prevention, treatment, and enforcement activities identified by communities that have brought together education, treatment, local government, law enforcement, and other key elements of the community;
- (2) Providing technical assistance and support to help communities develop and carry out effective activities; and
- (3) Providing communities with opportunities to share suggestions for state program operations and budget priorities. [2001 c 48 § 1; 1989 c 271 § 315.]

RCW 43.270.020

Grant program -- Application -- Activities funded.

- (1) There is established in the department of community, trade, and economic development a grant program to provide incentive for and support for communities to develop targeted and coordinated strategies to reduce the incidence and impact of alcohol, tobacco, or other drug abuse, or violence.
- (2) The department of community, trade, and economic development shall make awards, subject to funds appropriated by the legislature, under the following terms:
 - (a) Starting July 1, 2001, funds will be available to countywide programs through a formula developed by the department of community, trade, and economic development in consultation with program contractors, which will take into consideration county population size.
 - (b) In order to be eligible for consideration, applicants must demonstrate, at a minimum:

- (i) That the community has developed and is committed to carrying out a coordinated strategy of prevention, treatment, and law enforcement activities;
 - (ii) That the community has considered research-based theory when developing its strategy;
 - (iii) That proposals submitted for funding are based on a local assessment of need and address specific objectives contained in a coordinated strategy of prevention, treatment, and law enforcement against alcohol, tobacco, or other drug abuse, or violence;
 - (iv) Evidence of active participation in preparation of the proposal and specific commitments to implementing the community-wide agenda by leadership from education, law enforcement, local government, tribal government, and treatment entities in the community, and the opportunity for meaningful involvement from others such as neighborhood and citizen groups, businesses, human service, health and job training organizations, and other key elements of the community, particularly those whose responsibilities in law enforcement, treatment, prevention, education, or other community efforts provide direct, ongoing contact with substance abusers or those who exhibit violent behavior, or those at risk for alcohol, tobacco, or other drug abuse, or violent behavior;
 - (v) Evidence of additional local resources committed to the applicant's strategy totaling at least twenty-five percent of funds awarded under this section. These resources may consist of public or private funds, donated goods or services, and other measurable commitments, including in-kind contributions such as volunteer services, materials, supplies, physical facilities, or a combination thereof; and
 - (vi) That the funds applied for, if received, will not be used to replace funding for existing activities.
- (c) At a minimum, grant applications must include the following:
- (i) A definition of geographic area;
 - (ii) A needs assessment describing the extent and impact of alcohol, tobacco, or other drug abuse, and violence in the community, including an explanation of those who are most severely impacted and those most at risk of substance abuse or violent behavior;
 - (iii) An explanation of the community-wide strategy for prevention, treatment, and law enforcement activities related to alcohol, tobacco, or other drug abuse, or violence, with particular attention to those who are most severely impacted and/or those most at risk of alcohol, tobacco, or other drug abuse, or violent behavior;
 - (iv) An explanation of who was involved in development of the strategy and what specific commitments have been made to carry it out;
 - (v) Identification of existing prevention, education, treatment, and law enforcement resources committed by the applicant, including financial and other support, and an explanation of how the applicant's strategy involves and builds on the efforts of existing organizations or coalitions that have been carrying out community efforts against alcohol, tobacco, or other drug abuse, or violence;
 - (vi) Identification of activities that address specific objectives in the strategy for which additional resources are needed;

- (vii) Identification of additional local resources, including public or private funds, donated goods or services, and other measurable commitments, that have been committed to the activities identified in (c)(vi) of this subsection;
 - (viii) Identification of activities that address specific objectives in the strategy for which funding is requested;
 - (ix) For each activity for which funding is requested, an explanation in sufficient detail to demonstrate:
 - (A) Feasibility through deliberative design, specific objectives, and a realistic plan for implementation;
 - (B) A rationale for how this activity will achieve measurable results and how it will be evaluated;
 - (C) That funds requested are necessary and appropriate to effectively carry out the activity; and
 - (x) Identification of a contracting agent meeting state requirements for each activity proposed for funding. Each contracting agent must execute a written agreement with its local community mobilization advisory board that reflects the duties and powers of each party.
- (3) Activities that may be funded through this grant program include those that:
- (a) Prevent alcohol, tobacco, or other drug abuse, or violence through educational efforts, development of positive alternatives, intervention with high-risk groups, and other prevention strategies;
 - (b) Support effective treatment by increasing access to and availability of treatment opportunities, particularly for underserved or highly impacted populations, developing aftercare and support mechanisms, and other strategies to increase the availability and effectiveness of treatment;
 - (c) Provide meaningful consequences for participation in illegal activity and promote safe and healthy communities through support of law enforcement strategies;
 - (d) Create or build on efforts by existing community programs, coordinate their efforts, and develop cooperative efforts or other initiatives to make most effective use of resources to carry out the community's strategy against alcohol, tobacco, or other drug abuse, or violence; and
 - (e) Other activities that demonstrate both feasibility and a rationale for how the activity will achieve measurable results in the strategy against alcohol, tobacco, or other drug abuse, or violence. [2001 c 48 § 2; 1989 c 271 § 316.]

RCW 43.270.040

Coordinated strategies.

This grant program will be available to communities of any geographic size but will encourage and reward communities which develop coordinated or complimentary strategies within geographic areas such as county areas or groups of county areas which correspond to units of government with significant responsibilities in the area of substance abuse, existing coalitions, or other entities important to the success of a community's strategy against substance abuse. [1989 c 271 § 318.]

RCW 43.270.070**Community suggestions.**

The department of community, trade, and economic development shall ask communities for suggestions on state practices, policies, and priorities that would help communities implement their strategies against alcohol, tobacco, or other drug abuse, or violence. The department of community, trade, and economic development shall review and respond to those suggestions making necessary changes where feasible, making recommendations to the legislature where appropriate, and providing an explanation as to why suggested changes cannot be accomplished, if the suggestions cannot be acted upon. [2001 c 48 § 3; 1989 c 271 § 321.]

RCW 43.270.080**Gifts, grants, and endowments.**

The department of community, trade, and economic development may receive such gifts, grants, and endowments from public or private sources as may be made from time to time, in trust or otherwise, for the use and benefit of the purposes of RCW 43.270.010 through 43.270.080 and expend the same or any income therefrom according to the terms of the gifts, grants, or endowments. [2001 c 48 § 4; 1989 c 271 § 322.]

RCW 43.270.900**Severability -- 1989 c 271.**

See note following RCW 9.94A.510.

Appendix D

Communities That Care

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Appendix D

Communities That Care®

Adolescent Problem Behaviors

RISK FACTORS	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression and Anxiety
Community						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use	✓	✓			✓	
Media Portrayals of Violence					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes And Involvement in the Problem Behavior	✓	✓			✓	
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
Individual/Peer						
Early and Persistent Anti-social Behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Gang Involvement	✓	✓			✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Community Domain	Availability of Drugs	Community/School Policies	✓	✓	✓	✓	✓	All
	Availability of Firearms	Community/School Policies	✓					All
	Community Laws and Norms Favorable Toward Drug Use	Classroom Curricula for Social Competence	✓		✓			6-14
		Community Mobilization	✓	✓	✓	✓	✓	All
		Community /School Policies	✓	✓	✓	✓	✓	All
		Policing Strategies	✓					All
	Media Portrayals of Violence							
	Transitions and Mobility	Organizational Change in Schools	✓	✓	✓	✓	✓	6-18
	Low Neighborhood Attachment and Community Disorganization	Community Mobilization	✓	✓	✓	✓	✓	All
		Policing Strategies	✓					All
		Organizational Change in Schools	✓	✓	✓	✓	✓	All
		Classroom Curricula for Social and Emotional Competence Promotion	✓		✓	✓		11-14
	Extreme Economic Deprivation	Prenatal and Infancy Programs	✓	✓	✓	✓	✓	Prenatal-3
		Youth Employment with Education	✓	✓	✓	✓	✓	All

			Protective Factors					
	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Family Domain	Family History of the Problem Behavior	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	Prenatal-2
	Family Management Problems	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	Prenatal-2
		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	Prenatal-14
		Family Therapy	✓	✓	✓	✓	✓	6-14
	Family Conflict	Marital Therapy	✓	✓	✓	✓	✓	Prenatal
		Prenatal/Infancy Programs	✓	✓	✓	✓	✓	Prenatal-2
		Parent Training	✓	✓	✓	✓	✓	Prenatal-14
		Family Therapy	✓	✓	✓	✓	✓	6-14
	Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	Prenatal-2
		Parent Training	✓	✓	✓	✓	✓	Prenatal-14
		Community/School Policies	✓	✓	✓	✓	✓	All

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
School Domain	Academic Failure Beginning in Late Elementary School	Prenatal/Infancy Program	✓	✓	✓	✓	✓	Prenatal-2
		Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	Prenatal-10
		Organizational Change in Schools	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		Youth Employment with Education	✓	✓	✓	✓	✓	15-21
	Lack of Commitment To School	Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Organizational Changes in Schools	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		School Behavior Management Strategies	✓		✓		✓	6-14
		Mentoring	✓		✓		✓	11-18
		Youth Employment with Education	✓	✓	✓	✓	✓	15-21

			Protective Factors					
	Risk Factor Addressed	Program Strategy	Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period
Individual/Peer Domain	Early and Persistent Anti-social Behavior	Early Childhood Education	✓	✓	✓	✓	✓	3-5
		Parent Training	✓	✓	✓	✓	✓	Prenatal-10
		Family Therapy	✓	✓	✓	✓	✓	6-18
		Classroom Organization, Management and Instructional Strategies	✓	✓	✓	✓	✓	6-18
		Classroom Curricula for Social and Emotional Competence Promotion	✓	✓	✓	✓	✓	6-14
		School Behavior Management Strategies	✓	✓	✓	✓	✓	6-14
		Afterschool Recreation Programs	✓	✓	✓	✓	✓	6-10
		Mentoring	✓	✓	✓	✓	✓	11-18
	Rebelliousness	Family Therapy	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social Competence Promotion	✓	✓	✓	✓	✓	6-14
		School Behavior Management Strategies	✓		✓		✓	6-14
		After-school Recreation	✓	✓	✓	✓	✓	6-10
		Mentoring	✓		✓		✓	11-18
		Youth Employment with Education	✓	✓	✓	✓	✓	15-18

	Risk Factor Addressed	Program Strategy	Protective Factors					Developmental Period
			Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	
Individual/Peer Domain	Friends Who Engage in the Problem Behavior	Parent Training	✓	✓	✓	✓	✓	6-14
		Classroom Curricula for Social Competence Promotion	✓	✓	✓	✓	✓	6-14
		After-school Recreation	✓	✓	✓	✓	✓	6-14
		Mentoring	✓		✓		✓	11-18
	Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	✓	✓	✓	✓	✓	6-14
		Community/School Policies						
	Early Initiation of the Problem Behavior	Parent Training	✓	✓	✓	✓	✓	6-14
		Classroom Organization Management and Instructional Strategy	✓	✓	✓	✓	✓	6-10
		Classroom Curricula for Social Competence	✓	✓	✓	✓	✓	6-14
		Community/School Policies	✓					All
	Constitutional Factors	Prenatal/Infancy Programs	✓	✓	✓	✓	✓	Prenatal

Appendix E

Definitions

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Definitions

Abuse	Use of alcohol or other drugs in amounts harmful to the individual's or other's health or safety.
Adaptation	A reduced level of fidelity in implementing a best practice. An adjustment of a best practice to fit the needs of the population. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm .
Aftercare	Care or services given following the original service and to enhance the beneficial effect of the original service, in particular relating to treatment, retention and relapse prevention.
Assessment	A diagnostic service (performed by a qualified professional) designed to evaluate clients' involvement with alcohol and other drugs, and to recommend an appropriate course of action.
Best Practice	Strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying substance abuse (Western Center for the Application of Prevention Technologies). Represents a more rigorous level of evaluation than does a promising practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm .
Chemical Dependency	A disease characterized by a person's dependence on alcohol or other drugs; loss of control over the amount and circumstances of use; symptoms of tolerance; physiological and/or psychological withdrawal, if use is reduced or discontinued; and/or impairment of health or disruption of social or economic functioning.
Collaboration	Communication among a collected group of people, which results in shared commitment to, unified action.
Community	A holistic, all-inclusive, collaborative spirit shared among a group of people.
Continuing Care	A type of treatment service intended to support an individual's progress in recovery from chemical dependency related issues (i.e., addiction, co-dependence, post-traumatic stress, etc.). This service normally follows a course of more intensive chemical dependency treatment.
Continuum of Care	The full range of services including, but not limited to education, prevention, intervention, law and justice, treatment, aftercare and others.
Deterrence	Providing educational, social, legal, and systematic sanctions and/or incentives to an individual prior to the decision to enter into an unhealthy or legally prohibited behavior.
Early Identification	The process by which the early signs and indicators of misuse, use, or abuse of alcohol and/or other drugs are detected and acknowledged.
Education	The action or process of teaching or being educated about tobacco, alcohol, and other drug use, misuse, abuse and chemical dependency.

Innovation	A strategy or program that has been developed out of original ideas rather than a best or promising practice. Though it may include “borrowed” pieces of best and/or promising programs, the fidelity is not high enough to warrant being deemed an adaptation.
Interdiction	Authoritatively decreeing an order to stop a behavior and return to a compliance status or consequences will be rendered.
Intervention	Activity designed to interrupt a behavioral pattern that is linked to increased risks for illness, injury, disability, or death.
Misuse	Use of tobacco, alcohol and other drugs in a manner that causes harm to self, to others, or to property (i.e., any alcohol use by pregnant women or individuals under 21 years; any illegal drug use; or use of prescription drugs other than as prescribed).
Mobilization	A collaborative, united, targeted action in a community, county, or in a consortium of counties.
Partnership	An agreement, contract, or alliance entered into by two or more parties or entities in which each agrees to furnish a part of the resources; i.e., funds, expertise, services, technology or labor, for an identified, unified purpose, by which each shares in the outcomes.
Prevention	Programs and services that are designed to identify risk factors and protective factors for substance abuse and violence, delay or prevent the misuse of alcohol, tobacco, and other drugs, and prevent violence.
Promising Practice	Strategies, activities, or approaches that have some quantitative data showing positive outcomes in delaying substance abuse over a period of time, but do not have enough research or replication to support generalizable outcomes. (Western Center for the Application of Prevention Technologies). Represents a less rigorous level of evaluation than does a “best practice.” For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm .
Protective Factors	<p>Aspects of peoples’ lives that counter or buffer risk. Protective factors fall under three basic categories:</p> <p>Individual Characteristics: Characteristics that children are born with and are difficult to change, such as gender, a resilient temperament, a positive social orientation, and intelligence.</p> <p>Bonding: Children who are attached to positive families, friends, their school and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. Includes opportunities, skills and recognition.</p> <p>Healthy Beliefs and Clear Standards: The people to whom youth are bonded need to have clear, positive standards for behavior. Young people are more likely to follow these standards when parents, teachers and communities set clear</p>

standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent.

Recovery	A condition established when a chemically dependent individual has accepted their chemical dependence; recognized that a number of life problems have resulted from their continued use of alcohol and/or other drugs; and maintains total abstinence from alcohol and other mood altering drugs, unless prescribed by a licensed physician.
Referral	The act of directing a person to a source for help or information.
Replication	The highest level of fidelity in implementing a best practice. A copy or precise imitation of a best practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm .
Risk Factors	<p>Aspects of peoples' lives and conditions within communities that increase the chances of adolescents developing health and behavior problems. Risk factors are identified under the following four domains:</p> <p>Community Risk Factors: Availability of drugs and firearms; community laws and norms favorable toward drug use, firearms, and crime; media portrayal of violence; transitions and mobility; low neighborhood attachment and community disorganization; and extreme economic deprivation.</p> <p>Family Risk Factors: Family history of the problem behavior; family management problems; family conflict; and parental attitudes and involvement in drug use, crime and violence.</p> <p>School Risk Factors: Academic failure in elementary school; and lack of commitment to school.</p> <p>Individual/Peer Risk Factors: Early and persistent antisocial behavior; alienation and rebelliousness; friends who engage in the problem behavior; favorable attitudes toward the problem behavior; early initiation of the problem behavior; and constitutional factors.</p>
Strategy	An activity or program implemented to reduce known risk factors and enhance protective factors by promoting bonding to school, family, community or peer systems by providing opportunities, skills and recognition in interaction with persons who present healthy values and set clear standards for behavior.
Support	To provide for or maintain by supplying needed resources and/or services intended to enhance the person's ability to sustain a healthy lifestyle.
Technical Assistance	Transfer of technology, skills, or information.
Treatment	A broad range of emergency, detoxification, residential, and outpatient services and care including diagnostic evaluation, chemical dependence education and counseling, medical, psychiatric, psychological, and social service care, and

vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.

Use The consumption of a mood altering substance, regardless of the amount or the route of administration.

Street Drug Terminology

Amphetamines: black beauty, candy, double cross, jellybean, speed upper, white cross

Benzodiazepine: downer, lib (librium), mother's little helper, tranq, V (Valium)

Barbiturate: blue, Christmas trees, downer, M&M, peanut, red and blue, red devil, sleeper, yellow jacket

Cocaine: blue, dust, eight ball (3.55 grams), girl, lady, nose powder, pimp, sniff, snort, snow, toot

Smokable Cocaine: base, crack, eggs, freebase, fries, rocks

Heroin: black tar, brown sugar, crap, dirt, flea powder, H, hard candy, joy powder, scag, smack, speedball (cocaine and heroin injected), white horse, whiz bang

Lysergic Acid Diethylamide (LSD): acid, blotter, double dome, (orange or purple) haze, microdot, pane (a clear piece), tab, trip, yellow sunshine

Marijuana: Christmas tree (cheap MJ), Colombian, doobee, gold good shit, herb, joint, Maui wowie, pot, red-haired lady, sen (sinsemilla--potent variety), sezz (sinsemilla), stick, stone, tea

Mescaline (hallucinogen from cactus): beans cactus, chief, mesc, peyote

Street Drug Terminology

Miscellaneous Drugs

Methamphetamine: crystal meth, speed, water (a potent central nervous stimulant, often responsible for violent erratic behavior)

Smokable Methamphetamine: ice

Methylamphetamine Derivative (hallucinogenic stimulant): DOM, STP

Methylated MDA: Adam, Ecstasy, MDMA, XTC

Inhalant: huff, poor man's pot, sniff, Whiteout

**Isobutyl Nitrite
(legal inhalant):**

aroma of men, hardware, poppers, rush, snappers

Lookalike:

drugs that are fake and designed to look like another, more expensive drug, and may contain dangerous drugs

**Nitrous Oxide
(laughing gas):**

whippets (propellant in spray can of whipping cream)

Phencyclidine (PCP): angel dust, Hinkley, hog, loveboat, Shermans, wack

**Psilocybin/Psilocin
(hallucinogen from
mushroom):**

mushrooms, shrooms, silly putty, simple Simon

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Appendix F

Principles of Effectiveness

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PRINCIPLES OF EFFECTIVENESS

SEC. 4115. AUTHORIZED ACTIVITIES.

(a) PRINCIPLES OF EFFECTIVENESS-

- (1) IN GENERAL- For a program or activity developed pursuant to this subpart to meet the principles of effectiveness, such program or activity shall —
 - (A) be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served, including an objective analysis of the current conditions and consequences regarding violence and illegal drug use, including delinquency and serious discipline problems, among students who attend such schools (including private school students who participate in the drug and violence prevention program) that is based on ongoing local assessment or evaluation activities;
 - (B) be based on an established set of performance measures aimed at ensuring that the elementary schools and secondary schools and communities to be served by the program have a safe, orderly, and drug-free learning environment;
 - (C) be based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use;
 - (D) be based on an analysis of the data reasonably available at the time, of the prevalence of risk factors, including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, assets; or other variables in schools and communities in the State identified through scientifically based research; and
 - (E) include meaningful and ongoing consultation with and input from parents in the development of the application and administration of the program or activity.

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Appendix G

Match Guidelines

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IN-KIND MATCH GUIDELINES

In-kind match is any donation that is NOT cash, including funds from other grants that are combined with CM funds to provide the prevention activity.

***Note:** Federal funds may not be used to match federal funds. However, federal funds may be used to match state funds.

***Note:** Cash donations are also acceptable as match.

DONATED SERVICES (Salaries or Contractual Services)

- Donated services are valued at the rate ordinarily paid by the grantee organization or the rate that would ordinarily be paid in the grantee's local labor market for the work that is being performed (not the rate the individual may be paid for other types of services rendered). For example, if a physician is volunteering as a mediator, his rate of pay must be commensurate with the local labor market for mediators, not for physicians. Volunteer hours for youth, unless they have specialized skills in the area of service, are commonly valued at the current federal minimum wage.
- Both salary and fringe benefits may be included in the valuation.
- The average volunteer in 2002 (per JTO Direct) earned \$16.54. This can be used as a backup figure if no local comparables are reasonably available.

DONATED GOODS AND MATERIALS

(This could include such items as food, drinks, art materials, copies, software, videotapes, and games.)

Local market value should be used for materials and supplies donated to the program by third parties.

The value of land is not allowable as match.

TRAVEL

- Vehicle mileage rate: Use the local, state, or federal rate used by your organization. The current state reimbursement rate is 40.5 cents per mile.
- School Districts often have higher standard rates for bus mileage. In addition, they may add an hourly rate for the driver's time, including layovers.

TRAINING

Training donated should be valued at established local rates or the individual's standard rate of pay for the services provided.

EQUIPMENT

- For use/rental: Use established local rates per mile, per hour, etc.
- For donation: If new, use purchase price (including tax and delivery charges).
If used, use local market rate equipment would sell for at its present age and in its present condition.

MEETING/EVENT SPACE

Space for meetings/events: Use the local market rate (e.g., per square foot for meeting space).

MEDIA

Donated media spots are valued at the local market rate per spot, per minute, per inch, etc.